

## YOUTH COMMUNITY CORRECTIONS

## FIELD INVESTIGATION REQUEST (FIR)

To:	Primary Parole Officer,	Date:	
To:	Courtesy Parole Officer,	Date:	
From:		Facility:	

### IDENTIFYING INFORMATION:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Youth ID: \_\_\_\_\_  
 County of Commit: \_\_\_\_\_ Date: \_\_\_\_\_ Committing Judge: \_\_\_\_\_  
 Received: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Parole Date: \_\_\_\_\_  
 Type of Release: ☐ Emergency Furlough ☐ Secure Facility Emergency Release ☐ Parole  
☐ Work Furlough ☐ Discharge of Sentence ☐ Other: \_\_\_\_\_  
 Re-entry Candidate: ☐ Yes ☐ No

**REQUESTED FAMILY HOME INVESTIGATION:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: (    ) - \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship: ☐ Parent ☐ Other

**ALTERNATE PLACEMENT:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship: ☐ Parent ☐ Foster Home ☐ Group Home ☐ GFYTC ☐ Residential CD  
☐ Guide Home ☐ Treatment Center ☐ Relative: ☐ Other: \_\_\_\_\_

## YOUTH PLACEMENT NEEDS:

School Grade Level: \_\_\_\_\_ Credits: \_\_\_\_\_ ☐ Special Ed ☐ FT ☐ PT ☐ Vo-Tech ☐ Alternative ☐ GED  
 Employment: ☐ Full Time ☐ Part Time ☐ Readiness  
 Counseling: ☐ Mental Health ☐ Sex Offender ☐ Chemical Dependency ☐ Family  
 Restitution: Amount: \$ \_\_\_\_\_ Medications: \_\_\_\_\_  
☐ Victim Notification ☐ Family Guide Services ☐ Mentoring  
☐ Specific Health Needs ☐ Specific Faith Related Request ☐ Victim/Offender Mediation  
 Court Ordered Conditions: \_\_\_\_\_  
 Other Services Needed/Comments: \_\_\_\_\_  
 Date Sent to Parole Officer (to be filled out by facility): \_\_\_\_\_ via ☐ fax ☐ email ☐ mail

**TO BE FILLED OUT BY JUVENILE PAROLE OFFICER:**

OPTION APPROVED: <input type="checkbox"/> Home <input type="checkbox"/> Alternate <input type="checkbox"/> None Approved <input type="checkbox"/> YTC Recommended		Attach Juvenile Parole Agreement Submit Field Investigation Report to YCC Bureau Chief
Reasons for Decision: _____		
JUVENILE PAROLE OFFICER Date Parole Officer Returned Completed Form to Facility:		DATE via <input type="checkbox"/> fax <input type="checkbox"/> email <input type="checkbox"/> mail
Copies to ( <i>before placement approved</i> ): Institutional File, Institutional Case Manager, Aftercare Coordinator, Juvenile Parole, Judge, Juvenile Probation,		
Copies to ( <i>after placement approved</i> ): Institutional File, Institutional Case Manager, Aftercare Coordinator, Youth Homes		